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NATIONAL COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 17, No. 39

WEEKLY REPORT

Week Ending September 28, 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE — PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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EPIDEMIOLOGIC NOTES AND REPORTS

INFLUENZA – United States

Between August 27 and September 12, 1968, at least 31 members of a 240-man squadron at Wheeler Air Force Base, Hawaii, were affected with an influenza-like illness. Twenty-three squadron members took a week-long trip to the Philippines, Taiwan, and Japan; the first seven illnesses began while the men were away or just after the trip. Most of the 31 men who were ill were confined to quarters for 2 or 3 days, but none were hospitalized. A2 influenza viruses similar to the Hong Kong strains were isolated from six specimens taken during this outbreak.

Physicians at Hickam AFB Dispensary, near Honolulu, also report having seen an unusually large number of influenza-like illnesses in personnel returning from the Far East. There has been no evidence of illness in the civilian personnel on the base or in the nearby community.

(Continued on page 358)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	39th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 39 WEEKS		
	September 28, 1968	September 30, 1967	1963 - 1967	1968	1967	MEDIAN 1963 - 1967
Aseptic meningitis	237	94	94	3,108	2,128	1,513
Brucellosis	11	3	3	169	191	196
Diphtheria	7	7	2	147	97	144
Encephalitis, primary:						
Arthropod-borne & unspecified	51	40	- - -	980	1,218	- - -
Encephalitis, post-infectious	5	10	- - -	386	661	- - -
Hepatitis, serum	124	47	736	3,278	1,624	29,026
Hepatitis, infectious	1,005	960		33,319	28,704	
Malaria	34	56	4	1,685	1,490	76
Measles (rubeola)	126	172	628	19,928	58,221	241,475
Meningococcal infections, total	24	26	31	2,084	1,729	2,112
Civilian	23	25	- - -	1,903	1,614	- - -
Military	1	1	- - -	181	115	- - -
Mumps	744	- - -	- - -	126,405	- - -	- - -
Poliomyelitis, total	5	1	1	47	27	72
Paralytic	5	1	1	47	23	67
Rubella (German measles)	229	195	- - -	44,354	40,217	- - -
Streptococcal sore throat & scarlet fever	6,112	6,060	5,082	317,086	340,232	304,546
Tetanus	8	6	6	125	169	198
Tularemia	5	4	4	149	138	192
Typhoid fever	11	9	9	287	316	316
Typhus, tick-borne (Rky. Mt. spotted fever)	9	3	6	256	279	215
Rabies in animals	61	57	57	2,659	3,359	3,359

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	3	Rabies in man:	–
Botulism:	4	Rubella, Congenital Syndrome:	5
Leptospirosis: Okla.-1	31	Trichinosis: * Iowa.-1, Mich.-1	50
Plague:	2	Typhus, murine:	23
Psittacosis:	35		

*Delayed reports: Trichinosis: Mich.-1

INFLUENZA – *(Continued from front page)*

In the first week of September 1968, an outbreak involved 22 of 49 students at the Marine Corps Drill Instructors School in San Diego, California. The typical syndrome consisted of dry cough, temperature of 98.6°-100°F. (only two or three persons had temperature higher than 100°F.), myalgia, and headache. Several persons complained of photophobia. Individual illnesses lasted approximately 36 hours, and the entire outbreak occurred over a 4-day period. Nine contacts in four families also had upper respiratory infections.

The outbreak was investigated by Preventive Medicine Unit Number 5 (PMU-5), and Naval Medical Research Unit Number 4 (NAMRU-4) has isolated viruses similar to the Hong Kong strains from 9 of 21 throat gargle specimens. The results of paired sera are pending. No contact between the ill individuals and persons recently in Southeast Asia has been established.

In addition to the two reported cases in Atlanta (MMWR, Vol. 17, No. 36), laboratory confirmed cases have been reported in Cleveland, Ohio, and Princeton, New Jersey. Several cases have occurred in State Department employees returning to Washington, D.C., from the Far East. Investigation of possible secondary spread is underway. A2 viruses have been isolated in New Jersey and the District of Columbia.

Several Americans who attended the recent 8th International Congresses of Tropical Medicine and Malaria in Teheran have reported the occurrence of influenza-like illness during these meetings; influenza may have been brought by persons attending from Far East areas. Paired acute and convalescent serum specimens from one individual show a four-fold rise when tested against the A2/Hong Kong/68 antigen by hemagglutination-inhibition. Four A2 isolates have been obtained, of which two have already been shown to be similar to the Hong Kong strains.

(Reported by Robert Penington, Jr., M.D., Chief, Epidemiology Branch, Communicable Disease Division, Hawaii Department of Health; Capt. Eugene Siess, MC USN, Capt. Thomas M. Floyd, MSC USN, Lt. Comdr. Richard Nail, MC USN, PMU-5, San Diego, California; Capt. Robert P. Peckinpaugh, MC USN; Max Rosenbaum, Ph.D., Lt. Comdr. Patricia DeBerry, MSC USN, and Miss Elizabeth Sullivan, NAMRU-4, Great Lakes, Illinois; Ronald Altman, M.D., Acting Director, Division of Preventable Diseases, New Jersey State Department of Health; John R. Pate, M.D., Chief of Communicable Disease Control, District of Columbia Department of Public Health; Robert M. Chanock, M.D., NIAID, Carleton D. Gajdusek, M.D., NINDB, and J. Anthony Morris, Ph.D., DBS, National Institutes of Health, Bethesda, Maryland; and EIS Officers.)

DIPHTHERIA – Madison County, Florida, and Brooks and Thomas Counties, Georgia

On August 26, 1968, a 7-year-old girl, a resident of Cherry Lake, Madison County, Florida, developed a sore throat and was treated symptomatically after routine throat culture reports were negative. She worsened clinically, was hospitalized in nearby Quitman, Brooks County, Georgia, on September 1, and died on September 2 with presumptive diphtheria. Within 3 days, three younger brothers 2-, 4-, and 5-years-old were hospitalized with clinical illness; two had throat cultures positive for *Corynebacterium diphtheriae*. The 5-year-old died on September 10. Each received more than 100,000 units of diphtheria antitoxin in addition to antibiotic therapy. Throat swabs were taken on four of the remaining five family members. One, from an 11-year-old boy, was positive for *C. diphtheriae*. Isolates obtained by the Georgia Department of Public Health Laboratories were "mitis-like" toxigenic *C. diphtheriae*.

The family lives in rural Madison County and their activities are limited to the farm, school, and country store. They use commercial pasteurized milk. The children in the family had not been immunized against diphtheria.

Because the immunization status of the populace was unknown, a mass immunization program was undertaken by the county and state health departments September 8-14; clinics were held at strategic locations within the county. Jet injectors were used to administer 0.5 ml doses of tetanus and diphtheria toxoids, adult type, to 55.7 percent of the total county population (Table 1). This included 73 percent of the estimated county population under 14 years of age. The number vaccinated by private physicians is unknown. The second 0.5 ml dose of vaccine will be given early in October.

Table 1
Number of People Given Initial Dose of Tetanus and Diphtheria Vaccine in Public Health Clinics Madison County, Florida, September 8-14, 1968

Age (Years)	Population Estimate	Number Vaccinated	Vaccinated Percent
Less than 1	238	123	51.7
1-4	994	691	69.5
5-14	3,206	2,422	75.5
15 and over	10,562	5,125	48.5
Total	15,000	8,361	55.7

*Figures derived by Florida State Board of Health, Division of Public Health Statistics, employing 1967 population estimates, annual birth rates, and school enrollment figures.

Subsequent to the outbreak of diphtheria in Madison County, Florida, two cases occurred in the week of September 23 in Thomas County, Georgia, which is adjacent to Brooks County and to Florida. The first patient, an 8-year-old girl who had been immunized in infancy, had a throat culture positive for toxigenic "mitis-like" *C. diphtheriae*. She recovered with antibiotic therapy. The second patient, an unimmunized 3-year-old boy, died despite massive doses of antitoxin.

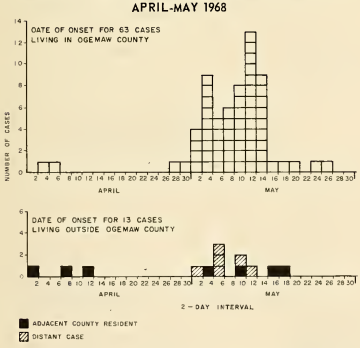
The Brooks County Health Department has given 2,000 doses of tetanus and diphtheria toxoid and has made the vaccine available to all residents of the county. Thomas County officials have given 3,400 doses of the vaccine and plan to give several thousand more in the first week of October.

(Reported by L. Brendle, M.D., County Health Officer, Madison County, Florida; C. L. Mayfield, M.D., M.P.H., Director, Bureau of Preventable Diseases, Florida State Board of Health; E. C. Prather, M.D., M.P.H., Associate Director, Bureau of Preventable Diseases, Florida State Board of Health; J. E. McCroan, Ph.D., State Epidemiologist, Georgia Department of Public Health; Tuberculosis and Parasitology Laboratory, Georgia Department of Public Health; and an EIS Officer).

HEPATITIS OUTBREAK – West Branch, Ogemaw County, Michigan

Between April 1 and May 26, 1968, an outbreak of infectious hepatitis due to contaminated bakery goods occurred in Michigan (Figure 1). Of 63 cases reported in Ogemaw County, 61 had onset of illness between April 28 and May 26. None of the 61 patients under 5 years old (Table 2); 6.6 percent were 5-9 years old; 67.2 percent were 10-19 years old; and 26.2 percent were 20 years or older. The attack rate for males, 8.1 cases per 1,000 population, was nearly twice that for females, 4.5 cases per 1,000 population.

Figure 1
INFECTIOUS HEPATITIS – OGEMAW COUNTY, MICHIGAN
APRIL-MAY 1968



The clustering of cases in a short time period and in a single age group suggested a common source of exposure. Water and milk did not appear to be responsible; however, a series of associations implicated baked goods from a bakery in West Branch. Although most of the patients in Ogemaw County gave a history of having eaten food from this bakery, it was impossible on the basis of these interviews alone to know whether the bakery was the source of the epidemic or simply a popular place. However, interviews with ill persons from adjacent counties and distant areas revealed that although they had infrequent contact with most establishments in Ogemaw County, they consistently had had some contact with the bakery. The probable time of exposure could be narrowed to within the first two weeks of April.

Table 2
Infectious Hepatitis – Ogemaw County
April 28-May 26
Attack Rates by Age and Sex

Age Group	Number of Cases			Attack Rate per 1,000 Population*		
	Male	Female	Total	Male	Female	Total
0-4	0	0	0	0.0	0.0	0.0
5-9	2	2	4	3.7	4.5	4.0
10-14	12	6	18	22.2	13.4	18.2
15-19	16	7	23	35.9	16.6	26.5
20-24	1	3	4	4.2	11.8	8.1
25-29	0	1	1	0.0	4.6	2.2
30-34	3	0	3	14.1	0.0	6.9
35-39	1	2	3	4.0	6.7	5.5
40-44	2	0	2	7.4	0.0	3.7
45-49	1	0	1	3.4	0.0	1.7
50-54	2	0	2	7.6	0.0	3.8
55+	0	0	0	0.0	0.0	0.0
Total	40	21	61	8.1	4.5	6.3

*Based on 1960 Census

Further evidence supporting baked goods as the vehicle was that one of the two Ogemaw County cases was in a baker's assistant at the bakery. The man saw a physician on April 6 but worked until April 11, when the diagnosis of infectious hepatitis was made. He did not return to work until April 23, 1968.

At the bakery it was observed that icing was spread on pastry by hand, and glazed items were dipped in the glaze by hand. In contrast, even though dough is shaped by hand into bread and rolls, these are then baked in a 350°-400°F. oven for 15-45 minutes. Since pastry is not cooked further after hand glazing or icing, these processes are likely points of contamination. Both glaze and icing may be kept for several days and old batches used to start new ones. Bakery products not sold on one day may be sold on the next business day as day-old pastry or frozen for sale in the next 1-2 weeks. Therefore contaminated goods could have been available for consumption over a period of several days or weeks.

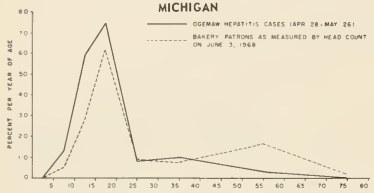
Two surveys were conducted during the investigation. In the first, an investigator estimated the age of each bakery patron, hour of sale, kind of products purchased, and amount purchased. The age distribution of the bakery

(Continued on page 360)

HEPATITIS – *(Continued from page 359)*

patrons for the day of observation closely resembled the age distribution of reported cases (Figure 2).

Figure 2
FREQUENCY POLYGON SHOWING PERCENT DISTRIBUTION BY AGE OF PATRONS OF WEST BRANCH BAKERY vs. PERCENT DISTRIBUTION BY AGE OF CASES OF INFECTIOUS HEPATITIS IN OGEMAW COUNTY, MICHIGAN


OGEMAW HEPATITIS CASES (APR 28-MAY 26)
BAKERY PATRONS AS MEASURED BY HEAD COUNT ON JUNE 3, 1968
PERCENT PER YEAR OF AGE
AGE IN YEARS (ASSUME MAXIMUM AGE OF 90)

In the second survey, questionnaires were used to obtain comparable histories of exposure to possible common vehicles. Interviews were completed for all 61 Ogemaw County patients with onset of illness between April 28 and May 25. In addition, all persons 10-19 years old in the household of each patient were interviewed. Ninety-two percent of the 41 patients 10-19 years old ate something from the bakery between April 1 and April 14, 1968; only 47 percent of the 56 household members had eaten bakery goods. Contact with municipal water was high among patients (88 percent) but was slightly higher among household members (92 percent).

The high attack rate in high school students appeared to be due to the fact that many pupils at the public high school go regularly to the bakery and buy pastry for lunch. The sex distribution of the cases of hepatitis in Ogemaw County remains unexplained.

During the epidemic, gamma globulin was offered to all residents of the city and the immediately surrounding area and to all school and household contacts. No cases of hepatitis with date of onset after May 26, 1968, have been reported in Ogemaw County.

(Reported by Ophelia Baker, M.D., Health Officer, Michigan District Number 2 Health Department; George Agate, M.D., State Epidemiologist, Michigan State Department of Health; Zdenek Jezek, M.D., Senior Medical Officer, WHO; and three EIS Officers.)

SURVEILLANCE SUMMARY
SALMONELLOSIS – April, May, and June 1968

In April, May, and June 1968, the total numbers of salmonella isolations from humans were 1,194, 1,794, and 1,556, respectively, and the weekly averages for the 3 months were 298, 359, and 389, respectively (Figure 3). Table 3 lists the 10 most frequently reported serotypes from human sources and nonhuman sources. For the same 3 months, 884, 853, and 777 nonhuman isolations were reported.

During the month of June, there was a marked increase in the number of isolations and in the number of states reporting *Salmonella javiana*. From January to May, the average number of isolations of *S. Javiana* was fewer than 4 per week; the number of states reporting isolations, fewer

Figure 3
REPORTED HUMAN ISOLATIONS OF SALMONELLAE IN THE UNITED STATES

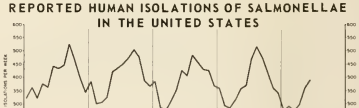


Table 3
Summary of 10 Most Frequently Reported Serotypes from Humans and Nonhumans
April, May, and June 1968

Human			Nonhuman		
Serotype	Number	Percent	Serotype	Number	Percent
*typhi-murium**	1,364	30.0	*typhi-murium**	385	15.3
enteritidis	385	8.5	*heidelberg*	162	6.4
heidelberg	310	6.8	*infantis*	149	5.9
newport	249	5.5	*anatum*	146	5.8
saint-paul	235	5.2	*montevideo*	137	5.4
infantis	182	4.0	*saint-paul*	122	4.9
blockley	137	3.0	*cubana*	104	4.1
typhi	127	2.8	*derby*	91	3.6
thompson	117	2.6	*thompson*	87	3.5
derby	90	2.0	*eimsbuettel*	82	3.3
Subtotal	3,196	70.3	Subtotal	1,465	58.3
Total all serotypes	4,544		Total all serotypes	2,514	
*Includes var. *copenhagen*	77	1.7		68	2.7

than 6 per month. In June, the average number of isolations increased to 15.8 per week (see Table 4), and the number of states reporting isolations jumped to 19. No similar increase occurred during the comparable period in 1967. Although a large part of the increased number of isolations can be accounted for by the outbreak of 26 cases in California in June (see Salmonella Surveillance Report No. 74), the wider distribution remains unexplained.

(Reported by Salmonellosis Unit, Bacterial Diseases Section, Epidemiology Program, NCDC.)

Table 4
Isolations of *Salmonella javiana*, 1968

Month	Total Isolations	Average No./Week
January	21	4.2
February	14	3.5
March	3	0.8
April	4	1.0
May	22	4.4
June	63	15.8

A copy of the original reports from which these data were derived is available on request from:

National Communicable Disease Center
Atlanta, Georgia 30333
Attn: Chief, Salmonellosis Unit
Bacterial Diseases Section
Epidemiology Program

CURRENT TRENDS
MEASLES – United States

From July 14 through August 10 (weeks 29-32), 1968, measles was reported from 208 counties or health districts, whereas 291 counties or health districts reported measles during the comparable 4-week period in 1967. Of these 208 areas, 17 (8.2 percent) reported a total of 10 or more cases (Figure 4); last year in the same period 28 of 291 (9.6 percent) reported 10 or more cases (Figure 5).

During the 4-week period, August 11 through September 7 (weeks 33-36), 1968, measles was reported from 159 counties or health districts; 209 counties reported cases in that 4-week period in 1967. Of these 159 counties, 11 (6.9 percent) reported 10 or more cases (Figure 6), compared with 14 of 209 (6.7 percent) in the corresponding 4-week period in 1967 (Figure 7). In addition, the percentage of counties or health districts reporting only one case of measles for weeks 33-36 of 1968 increased to 53 percent from the 41 percent for those weeks in 1967.

It is noteworthy that of the 11 counties reporting a total of 10 or more cases in weeks 33-36 in 1968, 82 percent were major metropolitan areas with more than 100,000 population. In 1967, 57 percent of the counties reporting a similar number of cases for the corresponding 4-week period were major metropolitan areas.

(Reported by State Services Section and Statistics Section, Epidemiology Program, NCDC.)

Figure 4
COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES
JULY 14 THROUGH AUGUST 10, 1968

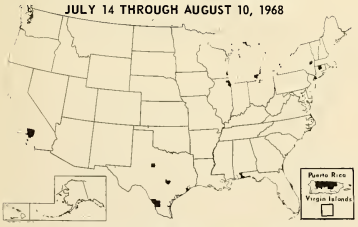


Figure 5
COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES
JULY 16 THROUGH AUGUST 12, 1967

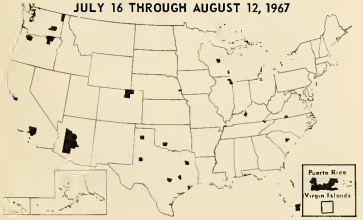


Figure 6
COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES
AUGUST 11 THROUGH SEPTEMBER 7, 1968

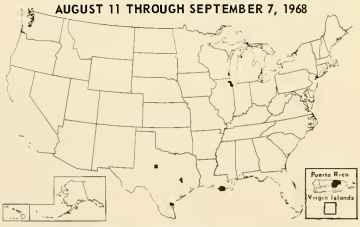
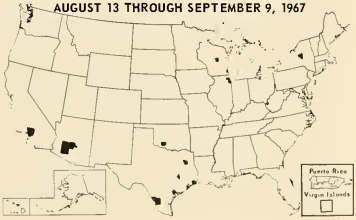


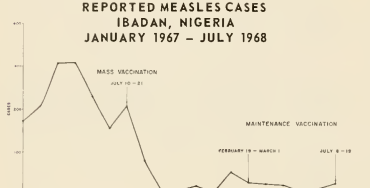
Figure 7
COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES
AUGUST 13 THROUGH SEPTEMBER 9, 1967



EPIDEMIOLOGIC NOTES AND REPORTS
MEASLES CONTROL – Ibadan, Western Nigeria

Since September 1967, the monthly measles incidence in Ibadan, Western Nigeria, (population 843,000) has remained at levels approximately one-tenth as high as previously reported. As shown in Figure 8, 1,597 cases of measles were reported for January-June 1967. As is characteristic in urban Africa, most of the cases were in children under 3 years old. During a 10-day period in July 1967, a mass smallpox and measles immunization campaign was conducted in Ibadan in which 72,359 measles immunizations were given. A survey showed that 92.2 percent of the children 0-4 years old were vaccinated. Measles incidence abruptly declined in August, and only 131 cases reported during the period August-December 1967.

Figure 8
REPORTED MEASLES CASES
IBADAN, NIGERIA
JANUARY 1967 – JULY 1968



However, approximately 6 months after the campaign, an increase in measles cases was noted. This increase, coinciding with the previously characteristic pattern of a rise in reported cases in the dry season, resulted from an accumulation of susceptible children entering the population after the mass campaign. Health authorities conducted a second mass measles and smallpox immunization campaign in February 1968. This time, the target group was children 6 months to one year of age, i.e., the susceptibles born since the previous campaign. The increase in incidence was abruptly terminated, and the number of reported cases declined again to low levels.

In July 1968, measles incidence again began to climb, so a second measles control "maintenance" immunization campaign was carried out. Again the measles incidence declined.

(Reported by the Smallpox Eradication Program, NCDC.)

Editorial Note:

These observations support the concept that mass measles immunizations can dramatically reduce the incidence of measles cases in Africa, and that measles control can be maintained. However, a mass campaign alone does not assure effective disease control for more than a very brief period, as measles-susceptible children are constantly entering the population. To maintain measles control in urban areas in Africa, mass vaccination programs are necessary at intervals of not more than 6 months. In Ibadan 20,000 to 25,000 babies, all susceptible to measles, are born every six months; this population is more than enough to support a major measles epidemic. That the expected dry-season rise in 1968 was halted by maintenance immunizations in February 1968, further affirms the efficacy of periodic mass measles immunization, used either as a "maintenance" or a "firefighting" technique, in sustaining effective control of the disease.

RELAPSING FEVER – Bend, Oregon

In Bend, Oregon, a 68-year-old woman, hospitalized with relapsing fever, died on August 29, 1968. In late July prior to her illness, she had gone fishing with her husband and had been "bitten up by chiggers." Several days later she had abrupt onset of chills, fever, fatigue, dyspnea, orthopnea, dry cough, mild left anterior pleuritic chest pain, and pedal edema. She gave no history of heart disease.

When she was admitted to the hospital on August 19, the initial diagnostic impression was of congestive heart failure, secondary to viral or bacterial myocarditis. Physical findings were temperature 102°F., blood pressure 94/50, and pulse rate 108. Cardiac examination was normal; moist rales were heard over the lower posterior one-third of both lung fields; the liver was tender below the right costal margin; and there were no petechiae. Trace pedal edema and marked plamar erythema were present, and the proximal digit of the right index finger was tender and red. On August 20 she received both penicillin and kanamycin I.M., and 18 hours later she was afebrile. She gradually lost consciousness, however, and had frequent cardiac arrhythmias, including a rapid tachycardia with a rate of 400, which was terminated by intravenous lidocain. On August 23 she developed sudden onset of an arrhythmia and could not be resuscitated with closed cardiac massage.

Early in her illness a spirochetal organism was found on a blood smear, suggesting leptospirosis or relapsing fever in the differential diagnosis. Six blood cultures obtained on August 19 and 20 grew *Borrelia recurrentis*. The Oregon Public Health Laboratory confirmed the organisms as *B. recurrentis* on the basis of size and staining properties with aniline dye. The agglutination test was negative for leptospires.

Investigators found no logs, wood piles, or evidence of rodents at the woman's home. No ticks were found on the family dog that had accompanied the couple on the fishing trip or on the river bank where they had fished.

(Reported by Raymond Graap, M.D., Bend, Oregon; A.B. Kind, M.D., Health Officer, Deschutes County Health Department; Robert A. Gresbrink, M.P.H., Program Supervisor, Vector Control Program, M.A. Holmes, D.V.M., M.P.H., Public Health Veterinarian, and Gatlin R. Brandon, M.P.H., Director, Section of Public Health Laboratory, Oregon State Board of Health; and an EIS Officer.)

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas July 1968 and 1967--Provisional Data

Reporting Area	July		Cumulative Jan - July	
	1968	1967	1968	1967
NEW ENGLAND	23	22	189	203
Maine	2	2	4	2
New Hampshire	-	-	1	5
Vermont	-	-	-	2
Massachusetts	16	8	115	120
Rhode Island	2	5	23	22
Connecticut	3	7	46	52
MIDDLE ATLANTIC	278	256	1,840	2,013
Upstate New York	32	24	134	163
New York City	173	142	1,176	1,177
Pa. (Excl. Phila.)	18	13	126	136
Philadelphia	21	32	142	182
New Jersey	32	45	262	355
EAST NORTH CENTRAL	216	240	1,672	1,817
Ohio	42	57	275	371
Indiana	20	13	196	75
Downstate Illinois	18	8	103	96
Chicago	86	56	599	529
Michigan	50	106	487	730
Wisconsin	-	-	12	16
WEST NORTH CENTRAL	41	29	223	172
Minnesota	9	6	27	26
Iowa	2	6	21	20
Missouri	25	8	112	56
North Dakota	-	-	6	2
South Dakota	2	2	25	20
Nebraska	2	2	19	18
Kansas	1	5	13	30
SOUTH ATLANTIC	383	574	3,014	3,661
Delaware	3	1	21	30
Maryland	59	53	281	368
District of Columbia	39	87	363	441
Virginia	25	29	168	173
West Virginia	3	1	22	11
North Carolina	34	80	377	437
South Carolina	41	70	304	501
Georgia	74	90	474	553
Florida	105	163	1,004	1,147

Reporting Area	July		Cumulative Jan - July	
	1968	1967	1968	1967
EAST SOUTH CENTRAL	124	132	865	1,049
Kentucky	6	13	66	88
Tennessee	27	36	211	166
Alabama	72	50	382	561
Mississippi	19	33	208	234
WEST SOUTH CENTRAL	344	289	2,049	1,845
Arkansas	13	9	80	76
Louisiana	100	48	519	357
Oklahoma	7	9	50	75
Texas	224	223	1,400	1,337
MOUNTAIN	33	52	297	358
Montana	2	-	6	4
Idaho	-	3	3	17
Wyoming	-	2	1	13
Colorado	-	5	9	43
New Mexico	13	14	88	96
Arizona	11	27	153	171
Utah	1	-	8	5
Nevada	6	1	29	9
PACIFIC	156	138	1,000	1,073
Washington	7	6	32	35
Oregon	4	5	23	31
California	143	126	940	1,000
Alaska	1	1	1	2
Hawaii	1	-	4	5
U. S. TOTAL	1,598	1,732	11,149	12,191
TERRITORIES	81	55	664	436
Puerto Rico	81	51	633	411
Virgin Islands	-	4	31	25

Note: Cumulative Totals include revised and delayed reports through previous months.

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas August 1968 and August 1967 - Provisional data

Reporting Area	August		Cumulative Jan-Aug	
	1968	1967	1968	1967
NEW ENGLAND	35	36	222	239
Maine	1	-	5	2
New Hampshire	-	2	-	7
Vermont	-	-	-	2
Massachusetts	21	21	136	141
Rhode Island	-	1	23	23
Connecticut	13	12	58	64
MIDDLE ATLANTIC	327	399	2,136	2,412
Upstate New York	42	33	175	196
New York City	197	259	1,323	1,436
Pa. (Excl. Phila.)	13	16	161	152
Philadelphia	27	33	169	215
New Jersey	48	58	308	413
EAST NORTH CENTRAL	217	272	1,892	2,089
Ohio	24	42	299	413
Indiana	35	8	231	83
Downstate Illinois	19	10	122	106
Chicago	75	105	677	634
Michigan	59	105	546	835
Wisconsin	5	2	17	18
WEST NORTH CENTRAL	38	43	255	215
Minnesota	7	9	34	35
Iowa	5	7	26	27
Missouri	22	7	134	63
North Dakota	-	2	4	4
South Dakota	1	4	26	24
Nebraska	1	11	16	29
Kansas	2	3	15	33
SOUTH ATLANTIC	496	606	3,506	4,267
Delaware	2	15	23	45
Maryland	41	64	321	432
District of Columbia	55	82	418	523
Virginia	43	45	211	218
West Virginia	6	3	28	14
North Carolina	57	82	433	519
South Carolina	45	65	349	566
Georgia	111	114	584	667
Florida	136	136	1,139	1,283

Reporting Area	August		Cumulative Jan-Aug	
	1968	1967	1968	1967
EAST SOUTH CENTRAL	102	158	970	1,207
Kentucky	14	23	79	111
Tennessee	13	19	224	185
Alabama	38	81	420	642
Mississippi	37	35	247	269
WEST SOUTH CENTRAL	287	238	2,334	2,083
Arkansas	7	8	87	84
Louisiana	67	48	585	405
Oklahoma	6	7	55	82
Texas	207	175	1,607	1,512
MOUNTAIN	37	51	335	409
Montana	1	-	5	4
Idaho	-	-	2	17
Wyoming	-	-	1	13
Colorado	3	6	12	49
New Mexico	15	29	103	125
Arizona	15	12	172	183
Utah	-	1	8	6
Nevada	3	3	32	12
PACIFIC	176	147	1,165	1,220
Washington	3	3	35	38
Oregon	1	2	24	33
California	171	139	1,100	1,139
Alaska	-	-	1	2
Hawaii	1	3	5	8
U. S. TOTAL	1,715	1,950	12,815	14,141
TERRITORIES	117	86	778	522
Puerto Rico	106	86	739	497
Virgin Islands	11	-	39	25

Note: Cumulative Totals include revised and delayed reports through previous months.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
SEPTEMBER 28, 1968 AND SEPTEMBER 30, 1967 (39th WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA
					Primary including unsp. cases		Post-Infectious	Serum	Infectious		
	1968	1967	1968	1968	1968	1967	1968	1968	1968	1967	1968
UNITED STATES...	237	94	11	7	51	40	5	124	1,005	960	34
NEW ENGLAND.....	4	1	-	-	2	3	-	5	53	33	-
Maine*.....	-	-	-	-	-	-	-	-	1	2	-
New Hampshire.....	-	-	-	-	-	-	-	-	2	2	-
Vermont.....	-	-	-	-	-	-	-	1	2	1	-
Massachusetts.....	1	-	-	-	1	2	-	1	23	12	-
Rhode Island.....	1	1	-	-	-	1	-	1	17	-	-
Connecticut.....	2	-	-	-	1	-	-	2	8	16	-
MIDDLE ATLANTIC.....	99	13	-	-	4	2	-	36	174	149	8
New York City.....	28	7	-	-	-	1	-	27	63	58	-
New York, up-State..	8	-	-	-	1	-	-	-	27	29	-
New Jersey.....	41	5	-	-	3	-	-	5	23	23	7
Pennsylvania.....	22	1	-	-	-	1	-	4	61	39	1
EAST NORTH CENTRAL...	47	12	-	-	25	18	1	5	133	137	2
Ohio.....	13	3	-	-	22	15	1	1	41	35	-
Indiana.....	-	2	-	-	-	2	-	-	15	8	1
Illinois.....	4	5	-	-	2	1	-	1	35	44	-
Michigan.....	29	2	-	-	1	-	-	3	38	45	1
Wisconsin.....	1	-	-	-	-	-	-	-	4	5	-
WEST NORTH CENTRAL...	10	3	2	-	5	1	1	-	50	47	2
Minnesota.....	9	2	-	-	1	-	-	-	13	18	-
Iowa.....	-	-	2	-	2	1	1	-	10	5	-
Missouri.....	-	-	-	-	1	-	-	-	9	15	2
North Dakota.....	1	-	-	-	1	-	-	-	1	2	-
South Dakota.....	-	-	-	-	-	-	-	-	-	-	-
Nebraska.....	-	-	-	-	-	-	-	-	3	1	-
Kansas.....	-	1	-	-	-	-	-	-	14	6	-
SOUTH ATLANTIC.....	18	36	8	-	3	4	-	10	128	101	-
Delaware.....	-	-	-	-	-	-	-	-	1	5	-
Maryland.....	4	32	-	-	1	1	-	3	14	21	-
Dist. of Columbia..	-	-	-	-	-	-	-	-	3	1	-
Virginia.....	6	-	8	-	1	1	-	-	20	11	-
West Virginia.....	6	2	-	-	-	-	-	-	10	15	-
North Carolina.....	1	-	-	-	-	-	-	-	3	6	-
South Carolina.....	-	-	-	-	1	-	-	-	7	-	-
Georgia.....	-	-	-	-	-	-	-	-	21	30	-
Florida.....	1	2	-	-	-	2	-	7	49	12	-
EAST SOUTH CENTRAL...	2	7	1	3	1	3	-	2	80	100	4
Kentucky.....	-	1	-	-	-	-	-	-	36	71	3
Tennessee.....	1	6	1	-	1	1	-	2	24	9	-
Alabama*.....	1	-	-	3	-	-	-	-	12	5	-
Mississippi.....	-	-	-	-	-	2	-	-	8	15	1
WEST SOUTH CENTRAL...	6	1	-	4	2	4	-	3	61	127	1
Arkansas.....	-	-	-	-	-	-	-	-	-	30	-
Louisiana.....	3	-	-	-	2	2	-	2	18	19	1
Oklahoma.....	1	-	-	-	-	1	-	-	8	14	-
Texas.....	2	1	-	4	-	1	-	1	35	64	-
MOUNTAIN.....	1	-	-	-	2	-	1	1	42	35	1
Montana.....	1	-	-	-	2	-	-	-	12	6	-
Idaho.....	-	-	-	-	-	-	-	-	-	1	-
Wyoming.....	-	-	-	-	-	-	-	-	-	-	-
Colorado.....	-	-	-	-	-	-	-	-	12	-	-
New Mexico.....	-	-	-	-	-	-	1	-	7	27	1
Arizona.....	-	-	-	-	-	-	-	-	8	1	-
Utah.....	-	-	-	-	-	-	-	1	3	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	50	21	-	-	7	5	2	62	284	231	16
Washington.....	1	-	-	-	-	-	-	-	25	25	1
Oregon.....	2	-	-	-	-	1	-	4	14	20	-
California.....	46	17	-	-	7	4	2	58	241	181	9
Alaska.....	-	-	-	-	-	-	-	-	1	-	-
Hawaii.....	1	4	-	-	-	-	-	-	3	5	6
Puerto Rico.....	-	-	-	-	-	-	-	-	21	30	1

*Delayed Reports: Diphtheria: Ala. 3
Hepatitis, infectious: Me. 2
Malaria: Me. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 28, 1968 AND SEPTEMBER 30, 1967 (39th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS	POLIOMYELITIS			RUBELLA
		Cumulative			Cumulative			Total	Paralytic		
										Cum.	
	1968	1968	1967	1968	1968	1967	1968	1968	1968	1968	1968
UNITED STATES...	120	19,928	58,221	24	2,084	1,729	744	5	5	47	229
NEW ENGLAND.....	4	1,164	850	-	121	70	67	-	-	1	30
Maine*	-	37	239	-	6	3	2	-	-	-	1
New Hampshire.....	-	141	74	-	7	2	8	-	-	-	-
Vermont.....	-	2	34	-	1	1	3	-	-	-	-
Massachusetts*....	1	365	351	-	63	33	41	-	-	1	8
Rhode Island.....	1	6	62	-	9	4	3	-	-	-	2
Connecticut.....	2	613	90	-	35	27	10	-	-	-	19
MIDDLE ATLANTIC.....	27	4,129	2,289	5	376	285	39	-	-	-	10
New York City.....	19	2,149	468	-	75	51	33	-	-	-	6
New York, Up-State.	5	1,223	590	-	67	69	NN	-	-	-	4
New Jersey.....	1	640	490	3	131	94	6	-	-	-	-
Pennsylvania*.....	2	117	741	2	103	71	NN	-	-	-	-
EAST NORTH CENTRAL...	25	3,836	5,541	5	256	234	173	1	1	3	60
Ohio.....	-	296	1,150	3	70	80	10	1	1	1	8
Indiana*.....	2	678	597	1	36	25	12	-	-	1	6
Illinois.....	5	1,374	997	-	56	55	11	-	-	1	4
Michigan.....	3	275	940	1	74	57	55	-	-	-	22
Wisconsin.....	15	1,213	1,857	-	20	17	85	-	-	-	20
WEST NORTH CENTRAL...	-	385	2,876	2	113	75	60	2	2	4	10
Minnesota.....	-	16	134	1	27	19	-	-	-	-	-
Iowa.....	-	99	749	-	7	15	52	2	2	2	6
Missouri.....	-	81	333	-	37	15	2	-	-	2	1
North Dakota.....	-	134	870	-	3	1	5	-	-	-	1
South Dakota.....	-	4	55	-	5	6	NN	-	-	-	-
Nebraska.....	-	41	641	1	7	13	1	-	-	-	-
Kansas.....	-	10	94	-	27	6	-	-	-	-	2
SOUTH ATLANTIC.....	10	1,525	6,915	4	416	333	70	-	-	3	20
Delaware.....	-	16	48	-	8	6	1	-	-	-	1
Maryland.....	2	102	162	-	34	43	6	-	-	-	2
Dist. of Columbia..	-	6	23	-	14	10	1	-	-	1	-
Virginia.....	3	305	2,192	2	38	40	7	-	-	-	3
West Virginia.....	1	290	1,392	1	12	27	33	-	-	1	11
North Carolina.....	-	282	856	1	78	71	NN	-	-	1	-
South Carolina.....	-	12	511	-	56	29	-	-	-	-	1
Georgia.....	-	4	36	-	85	50	-	-	-	-	-
Florida.....	4	508	1,695	-	91	57	22	-	-	-	2
EAST SOUTH CENTRAL...	-	496	5,221	1	188	134	19	-	-	2	12
Kentucky.....	-	100	1,337	1	86	37	5	-	-	1	1
Tennessee.....	-	62	1,887	-	54	57	12	-	-	-	11
Alabama.....	-	94	1,329	-	26	26	2	-	-	1	-
Mississippi.....	-	240	668	-	22	14	-	-	-	-	-
WEST SOUTH CENTRAL...	19	4,846	17,469	2	310	223	60	2	2	23	18
Arkansas.....	-	2	1,404	-	20	31	-	-	-	-	-
Louisiana*.....	-	23	155	-	89	88	-	-	-	-	1
Oklahoma.....	-	123	3,351	-	50	17	1	-	-	2	-
Texas.....	19	4,698	12,559	2	151	87	59	2	2	21	17
MOUNTAIN.....	9	1,006	4,686	2	34	33	66	-	-	-	23
Montana.....	-	59	289	1	6	2	7	-	-	-	2
Idaho.....	-	21	386	-	11	3	2	-	-	-	3
Wyoming.....	1	52	181	1	1	1	-	-	-	-	-
Colorado*.....	4	508	1,574	-	10	13	17	-	-	-	10
New Mexico.....	-	112	591	-	-	3	7	-	-	-	-
Arizona.....	4	228	1,020	-	2	4	25	-	-	-	7
Utah.....	-	21	376	-	1	4	8	-	-	-	1
Nevada.....	-	5	269	-	3	3	-	-	-	-	-
PACIFIC.....	26	2,541	12,374	3	270	342	190	-	-	11	46
Washington.....	2	535	5,456	-	39	31	45	-	-	1	5
Oregon.....	4	529	1,618	-	21	27	13	-	-	-	13
California.....	20	1,440	4,988	3	196	270	118	-	-	10	25
Alaska.....	-	2	140	-	2	10	9	-	-	-	2
Hawaii.....	-	35	172	-	12	4	5	-	-	-	1
Puerto Rico.....	6	418	2,129	-	20	13	14	-	-	-	2

*Delayed Reports: Measles: Mass. delete 2, Pa. delete 12, La. 21, Colo. 3
Poliomyelitis, paralytic: Ind. 1
Rubella: Me. 9

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
SEPTEMBER 28, 1968 AND SEPTEMBER 30, 1967 (39th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968
UNITED STATES...	6,112	8	125	5	149	11	287	9	256	61	2,659
NEW ENGLAND.....	530	1	3	-	46	-	8	-	1	-	70
Maine*.....	6	-	-	-	-	-	-	-	-	-	53
New Hampshire.....	24	-	-	-	-	-	1	-	-	-	2
Vermont.....	13	-	-	-	46	-	-	-	-	-	11
Massachusetts.....	95	-	1	-	-	-	4	-	1	-	3
Rhode Island.....	27	-	-	-	-	-	-	-	-	-	-
Connecticut.....	365	1	2	-	-	-	3	-	-	-	1
MIDDLE ATLANTIC.....	99	-	15	-	7	2	23	1	19	2	42
New York City.....	6	-	8	-	-	1	11	-	-	-	-
New York, Up-State.	71	-	4	-	7	1	5	-	4	2	35
New Jersey.....	NN	-	-	-	-	-	4	-	6	-	-
Pennsylvania.....	22	-	3	-	-	-	3	1	9	-	7
EAST NORTH CENTRAL...	375	1	11	2	10	1	37	-	8	1	250
Ohio.....	42	1	1	-	1	-	14	-	6	-	86
Indiana.....	92	-	2	-	1	-	3	-	-	-	80
Illinois.....	67	-	5	2	7	1	19	-	2	-	35
Michigan.....	105	-	2	-	1	-	-	-	-	-	13
Wisconsin.....	69	-	1	-	-	-	1	-	-	1	36
WEST NORTH CENTRAL...	211	1	11	-	13	1	32	-	9	14	647
Minnesota.....	9	-	2	-	-	-	-	-	-	7	202
Iowa*.....	84	-	4	-	-	1	2	-	1	3	108
Missouri.....	11	1	3	-	7	-	24	-	3	1	93
North Dakota.....	68	-	-	-	-	-	-	-	-	3	105
South Dakota.....	12	-	-	-	3	-	1	-	4	-	79
Nebraska.....	2	-	2	-	-	-	3	-	1	-	25
Kansas.....	25	-	-	-	3	-	2	-	-	-	35
SOUTH ATLANTIC.....	699	2	27	1	11	1	55	2	137	14	310
Delaware.....	5	-	-	-	-	-	-	-	-	1	1
Maryland*.....	47	-	3	-	-	-	9	2	18	-	5
Dist. of Columbia..	2	-	2	-	-	-	1	-	-	-	1
Virginia.....	248	-	4	1	3	-	9	-	42	3	111
West Virginia.....	203	-	2	-	-	-	-	-	2	4	38
North Carolina.....	4	-	2	-	2	-	2	-	37	1	12
South Carolina.....	45	-	3	-	-	1	4	-	9	-	-
Georgia.....	3	-	-	-	4	-	14	-	26	3	56
Florida.....	142	2	11	-	2	-	16	-	3	2	86
EAST SOUTH CENTRAL...	1,174	-	15	-	8	-	31	2	48	12	572
Kentucky*.....	185	-	1	-	1	-	6	-	10	4	288
Tennessee.....	744	-	6	-	5	-	16	2	33	3	256
Alabama.....	106	-	5	-	-	-	2	-	3	-	22
Mississippi.....	139	-	3	-	2	-	7	-	2	5	6
WEST SOUTH CENTRAL...	641	3	25	1	44	4	40	4	28	4	428
Arkansas.....	3	-	4	1	15	4	11	1	6	-	54
Louisiana.....	16	-	9	-	6	-	6	1	1	-	40
Oklahoma.....	20	-	-	-	8	-	12	1	13	-	117
Texas.....	602	3	12	-	15	-	11	1	8	4	217
MOUNTAIN.....	1,108	-	-	1	8	-	15	-	5	4	78
Montana.....	30	-	-	-	-	-	-	-	-	-	-
Idaho.....	100	-	-	-	-	-	-	-	1	-	-
Wyoming.....	61	-	-	-	1	-	1	-	-	-	3
Colorado.....	542	-	-	-	3	-	2	-	4	1	4
New Mexico.....	193	-	-	-	-	-	8	-	-	2	33
Arizona.....	89	-	-	-	-	-	3	-	-	-	36
Utah.....	93	-	-	1	4	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	1	-	-	1	2
PACIFIC.....	1,275	-	18	-	2	2	46	-	1	10	262
Washington.....	500	-	1	-	-	-	2	-	-	-	2
Oregon.....	59	-	1	-	1	-	5	-	-	-	6
California.....	467	-	16	-	1	2	39	-	1	10	254
Alaska.....	87	-	-	-	-	-	-	-	-	-	-
Hawaii.....	162	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	6	1	9	-	-	-	3	-	-	-	17

*Delayed Reports: SST: Me. 3
Tetanus: Iowa 1
Typhus fever, tick-borne: Md. 1
Rabies in animals: Ky. delete 1

Week No. 39

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED SEPTEMBER 28, 1968

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
NEW ENGLAND:	693	410	43	27
Boston, Mass.	209	108	19	8
Bridgeport, Conn.	45	22	5	1
Cambridge, Mass.	35	25	-	1
Fall River, Mass.	20	13	-	-
Hartford, Conn.	51	30	2	2
Lowell, Mass.	34	21	-	3
Lynn, Mass.	24	19	1	2
New Bedford, Mass.	30	17	-	1
New Haven, Conn.	40	25	2	3
Providence, R. I.	55	30	1	4
Somerville, Mass.	12	7	-	-
Springfield, Mass.	44	28	5	1
Waterbury, Conn.	37	25	-	-
Worcester, Mass.	57	40	8	1
MIDDLE ATLANTIC:	3,153	1,812	110	153
Albany, N. Y.	56	30	-	4
Allentown, Pa.	43	25	-	2
Buffalo, N. Y.	137	75	4	6
Camden, N. J.	41	24	1	2
Elizabeth, N. J.	37	16	-	2
Erie, Pa.	37	26	2	3
Jersey City, N. J.	67	40	2	6
Newark, N. J.	65	27	2	1
New York City, N. Y.	1,583	913	56	72
Paterson, N. J.	37	25	1	1
Philadelphia, Pa.	446	263	7	25
Pittsburgh, Pa.	168	88	8	9
Reading, Pa.	66	38	-	4
Rochester, N. Y.	115	68	8	7
Schenectady, N. Y.	33	21	5	-
Scranton, Pa.	42	24	3	-
Syracuse, N. Y.	63	39	1	4
Trenton, N. J.	53	29	5	2
Utica, N. Y.	33	24	2	1
Yonkers, N. Y.	31	17	3	2
EAST NORTH CENTRAL:	2,544	1,403	85	138
Akron, Ohio	65	32	-	2
Canton, Ohio	33	18	2	3
Chicago, Ill.	728	383	32	48
Cincinnati, Ohio	146	90	2	2
Cleveland, Ohio	227	120	3	11
Columbus, Ohio	132	71	3	11
Dayton, Ohio	92	57	2	4
Detroit, Mich.	326	191	4	18
Evansville, Ind.	36	19	5	1
Flint, Mich.	57	26	3	6
Fort Wayne, Ind.	38	17	2	4
Gary, Ind.	26	13	2	2
Grand Rapids, Mich.	49	25	7	1
Indianapolis, Ind.	149	89	4	5
Madison, Wis.	33	12	4	2
Milwaukee, Wis.	136	81	-	3
Peoria, Ill.	33	20	-	4
Rockford, Ill.	34	21	5	4
South Bend, Ind.	46	21	4	5
Toledo, Ohio	98	58	1	1
Youngstown, Ohio	60	39	-	1
WEST NORTH CENTRAL:	808	484	28	39
Des Moines, Iowa	56	31	3	4
Duluth, Minn.	24	17	2	1
Kansas City, Kans.	38	21	-	1
Kansas City, Mo.	138	91	2	3
Lincoln, Nebr.	16	13	2	-
Minneapolis, Minn.	90	56	1	5
Omaha, Nebr.	69	43	3	2
St. Louis, Mo.	238	136	6	12
St. Paul, Minn.	69	38	-	6
Wichita, Kans.	70	38	9	5

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
SOUTH ATLANTIC:	1,122	548	35	72
Atlanta, Ga.	135	55	3	14
Baltimore, Md.	242	113	4	22
Charlotte, N. C.	39	15	1	2
Jacksonville, Fla.	73	34	2	4
Miami, Fla.	88	47	-	4
Norfolk, Va.	51	22	4	4
Richmond, Va.	99	46	3	11
Savannah, Ga.	32	20	2	-
St. Petersburg, Fla.	72	57	4	3
Tampa, Fla.	68	37	3	4
Washington, D. C.	175	81	7	4
Wilmington, Del.	48	21	2	-
EAST SOUTH CENTRAL:	628	325	33	41
Birmingham, Ala.	79	40	-	5
Chattanooga, Tenn.	57	22	4	5
Knoxville, Tenn.	34	22	3	5
Louisville, Ky.	147	74	15	15
Memphis, Tenn.	126	65	3	6
Mobile, Ala.	46	21	1	1
Montgomery, Ala.	38	16	2	1
Nashville, Tenn.	101	65	5	3
WEST SOUTH CENTRAL:	1,077	549	39	68
Austin, Tex.	51	31	7	1
Baton Rouge, La.	62	26	-	6
Corpus Christi, Tex.	32	13	2	3
Dallas, Tex.	153	70	3	15
El Paso, Tex.	43	19	3	6
Fort Worth, Tex.	86	48	-	1
Houston, Tex.	160	73	1	5
Little Rock, Ark.	52	33	3	5
New Orleans, La.	163	78	5	10
Oklahoma City, Okla.	67	39	2	4
San Antonio, Tex.	94	52	2	7
Shreveport, La.	48	25	5	4
Tulsa, Okla.	66	42	6	1
MOUNTAIN:	447	244	15	31
Albuquerque, N. Mex.	42	24	4	1
Colorado Springs, Colo.	32	21	2	3
Denver, Colo.	138	69	3	14
Ogden, Utah	15	10	1	-
Phoenix, Ariz.	102	55	-	6
Pueblo, Colo.	17	12	3	-
Salt Lake City, Utah	55	27	-	3
Tucson, Ariz.	46	26	2	4
PACIFIC:	1,571	896	26	80
Berkeley, Calif.	28	20	1	1
Fresno, Calif.	43	23	1	4
Glendale, Calif.	27	13	1	-
Honolulu, Hawaii	47	23	2	3
Long Beach, Calif.	85	51	3	5
Los Angeles, Calif.	467	269	8	26
Oakland, Calif.	116	66	1	6
Pasadena, Calif.	36	23	1	-
Portland, Oreg.	126	87	-	3
Sacramento, Calif.	52	27	-	4
San Diego, Calif.	97	54	1	10
San Francisco, Calif.	179	80	4	3
San Jose, Calif.	46	29	1	2
Seattle, Wash.	137	76	1	11
Spokane, Wash.	48	32	1	-
Tacoma, Wash.	37	23	-	2
Total	12,043	6,671	414	649

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	496,876
All Causes, Age 65 and over	286,186
Pneumonia and Influenza, All Ages	20,048
All Causes, Under 1 Year of Age	23,525

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RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

The Public Health Service Advisory Committee on Immunization Practices completed the following supplementary recommendation on influenza control in the civilian population.

A2 INFLUENZA VIRUS VACCINE, MONOVALENT, 1968-69

The Public Health Service Advisory Committee on Immunization Practices recently recommended that adults and children with chronic debilitating diseases and all those in older age groups be vaccinated with the new monovalent vaccine, A2 Aichi 2/68 (Hong Kong Variant) when it becomes available (MMWR, Vol. 17, No. 35, Week Ending August 31, 1968). It is to contain 400 Chick Cell Agglutinating (CCA) units per dose.

Although effectiveness of the new vaccine can be substantiated with certainty only by field use, a single dose can be expected to afford significant protection, judging from experience with comparably potent monovalent influenza vaccines. If field tests indicate that a booster dose is necessary, further recommendation will be made.

Immunization should begin as soon as practicable after the vaccine becomes available. It is important that the vaccine be administered before influenza occurs in the immediate geographic area because there is at least a 2-week interval between vaccination and maximal antibody response.

Vaccine Dose (Influenza Virus Vaccine, Manovalent)*

All injections should be given subcutaneously (the intradermal route is not recommended for primary immunization).

Adults and Children Over 10 Years Old: 1.0 ml.
Children 6 to 10 Years Old: 0.5 ml.**
Children 3 Months to 6 Years Old: 0.1-0.2 ml. on two occasions 1 to 2 weeks apart.**

Contraindication

Since the vaccine viruses are propagated in eggs, the vaccine should not be administered to anyone who is hypersensitive to eggs.

INFLUENZA CHEMOPROPHYLAXIS – 1968-69

During the past few years, amantadine hydrochloride, a virus chemoprophylactic, has been available. The drug is reported to prevent or modify illness caused by some strains of type A2 influenza virus if taken before exposure. Preliminary laboratory tests by the manufacturer suggest that the drug is active against the Hong Kong Variant of A2 influenza virus in eggs and might be applicable to prevention of human disease.

In weighing the possible usefulness of amantadine hydrochloride for influenza control in 1968-69, several problems must be recognized: There has been no satisfactory study of the drug's effectiveness in the general population under conditions of natural exposure. Furthermore, in order to be protective, the drug must be administered before exposure which, in practice, necessitates giving it regularly during the entire period of possible influenza infection. Finally, the drug's acknowledged side effects are most common in older persons for whom protection is especially important.

In view of these limitations, therefore, amantadine hydrochloride is not presently recommended as a public health measure for community control of influenza nor as a substitute for influenza vaccine immunoprophylaxis.

*The dose volumes indicated are based on vaccine containing 400 CCA units per 1.0 ml. Equivalent dose volume of highly purified monovalent vaccine may differ but is indicated by manufacturer.

**Since febrile reactions in this age group are common following influenza vaccination, an antipyretic may be indicated.

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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

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MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY. COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY

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